

Name  
in  
Full

Thomas Clarence Berry

## CERTIFICATE OF DEATH

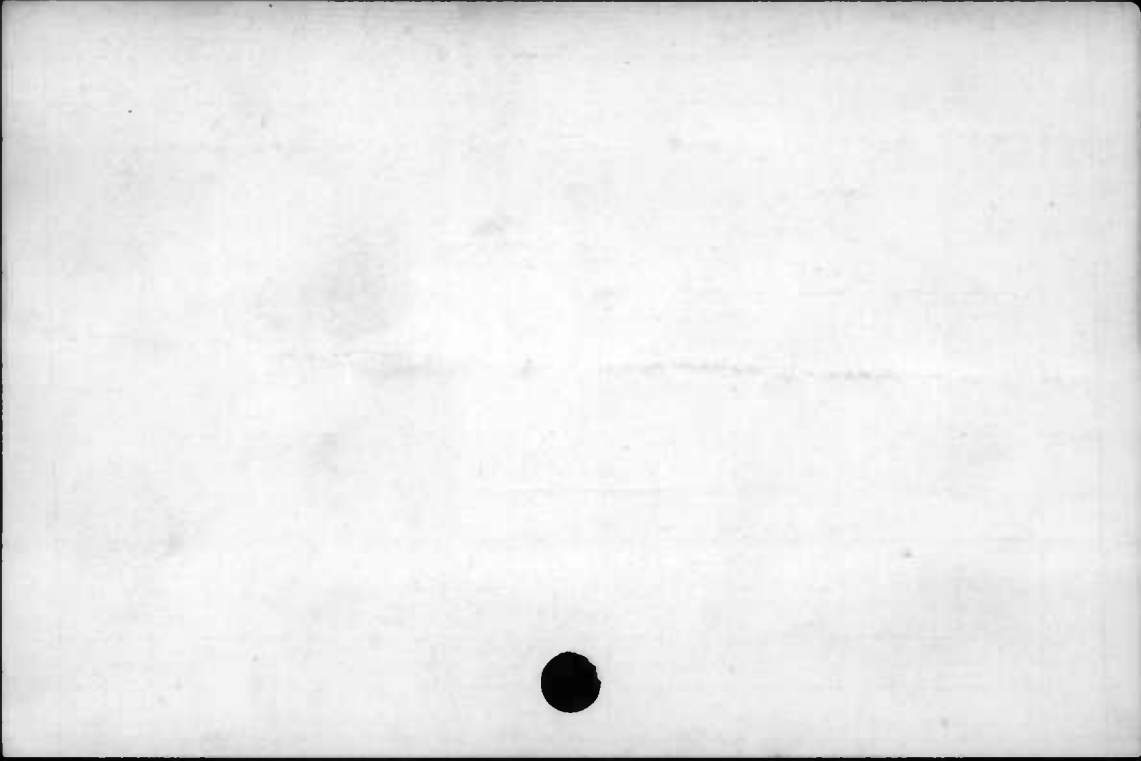
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berry</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	4	Day	12
Age		Years		Months	Days
Sex	Male		Color or Race	White	
Occupation	—		Birth-place	<i>Berry, Ind.</i>	
Where Residing If not at place of death			—		
Married, Single or Widowed			—		
Name of Wife or Husband			—		
Father's Name			<i>Clifford Berry</i>		
Father's Birthplace			<i>Charles Co Ind</i>		
Mother's Maiden Name			<i>Annie Montgomery</i>		
Mother's Birthplace			" " "		
Name of person giving information			<i>Clifford Berry</i>		
How related to deceased			<i>Father</i>		

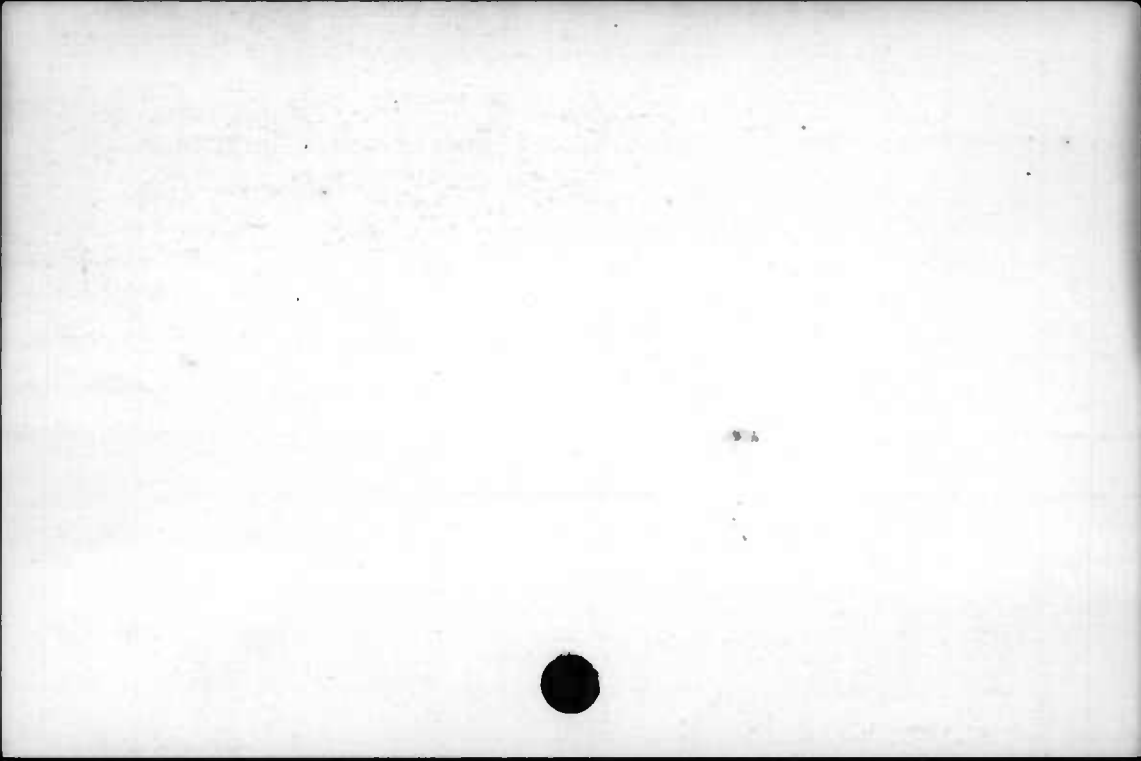
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Euthitis</i>	How long	<i>2 dys.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Harry Kelley</i>
		Address	<i>Acushnet Ind.</i>
Accident or Suicide?			



Name in Full		Bertie Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near Waldorf		County		Charles
	Date of death		1906	Month	Apr	Day	4
	Sex		Female		Age		—
	Color or Race		C		Months		2
	Occupation		—		Birth-place		Chas. Co
	Where Residing if not at place of death		—		Days		—
	Married, Single or Widowed		Single		Name of Wife or Husband		—
PHYSICIAN OR CORONER	Father's Name		Frank Brown		Father's Birthplace		Chas. Co
	Mother's Maiden Name		Susan Moore		Mother's Birthplace		" "
	Name of person giving information		Frank Brown		How related to deceased		Farther
	CAUSES OF DEATH						
	Primary		Pneumonia		How long		Several days
Immediate		—		How long		—	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		None in Attendance	
				Address		Hos. M. Wickerson	
Accident or Suicide?						Sub Reg:	



Henretta - Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Brentland</i>			County <i>Charles</i>			MARYLAND	
Date of death	1906	Month <i>April</i>	Day <i>2</i>	Age	Years <i>90</i>	Months <i>-</i>	Days <i>-</i>
Sex	<i>Female</i>		Color or Race	<i>colored</i>		Birthplace	<i>Charles Co</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Alexander Butler</i>			
Father's Name	<i>Wallace</i>					Father's Birthplace	
Mother's Maiden Name	<i>Hester</i>					Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular disease of heart</i>	How long	
Immediate	<i>+ general debility due to old age</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos. S. Owen M.D.</i>
		Address	<i>La Plata</i>
Accident or Suicide?			<i>Med</i>

Reported by  
W. F. Browner  
Sub. R. 5

Name  
in  
Full

Dallas Ford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Denton

County Charles

MARYLAND

Date  
of death 1906

Month 8

Day 1

Age

Years 68

Months —

Days —

Sex Male

Color or  
Race

Black

Birth-  
place

Md

Occupation

Farmer

Where Residing if not  
at place of death

Md

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Rose Amawood

Father's  
Name

Sam Ford

Father's  
Birthplace

Md

Mother's  
Maiden Name

—

Mother's  
BirthplaceName of person giving  
In formation

Edmond D. Ford

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Apoplexy

How long

1 da.

Immediate

Cerebral Paralysis

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

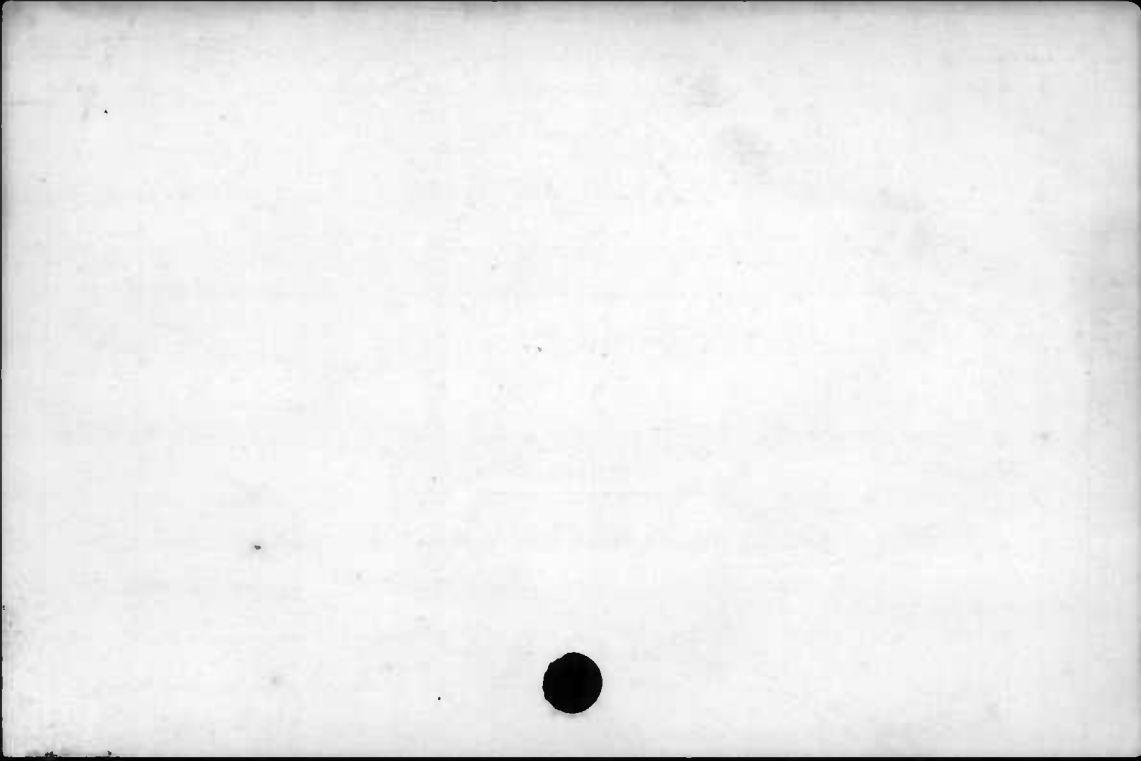
H. C. Chappell M.D.

Address

Denton Md

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Grace Ann Frederick

## CERTIFICATE OF DEATH

MARYLAND

Died at Spring Hill

Town

Charles C.

County

Date of death 1906 Apr.

Month

Day 31

Age 69

Years

Months 11

Days 11

Sex Female

Color or Race African

Birthplace Charles C.

Occupation

Where Residing if not  
at place of death

Married, Single or Widowed Widowed

Name of Wife or Husband Richard Frederick

Father's Name Not Known

Father's Birthplace

Mother's Maiden Name Not Known

Mother's Birthplace

Name of person giving information Oscar Frederick

How related to deceased Son

## CAUSES OF DEATH

Primary Arteriosclerosis &amp; Degeneration

How long

Immediate Asphyxia

How long 6 Months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. J. [Signature]  
1321 [Signature]  
West

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *New Town* <sup>Town</sup> *Charles* <sup>County</sup>Date of death *1906* <sup>Month</sup> *April* <sup>Day</sup> *30* <sup>Years</sup> *74* <sup>Months</sup> *7* <sup>Days</sup> *—*Sex *Female* Color or Race *White* Birthplace *Charles Co.*Occupation *Housewife* Where Residing if not at place of death *—*Married, Single or Widowed *Widow* Name of Wife or Husband *Thomas L. Jenkins*Father's Name *James Wilson* Father's Birthplace *—*Mother's Maiden Name *Sarah Coffey* Mother's Birthplace *Chas. Co.*Name of person giving information *Thos. Eug. Jackson* How related to deceased *Son-in-law*

## CAUSES OF DEATH

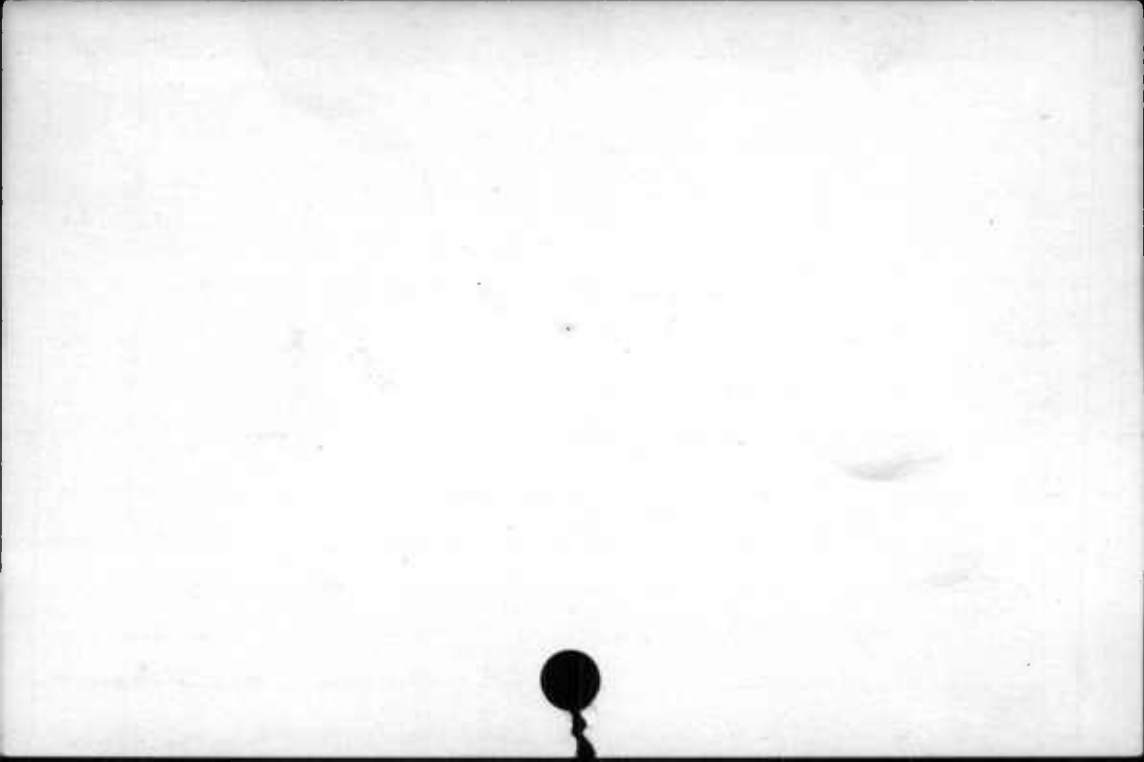
PHYSICIAN  
OR CORONERPrimary *Pulmonary Edema* <sup>(95)</sup> How long *5 Weeks.*Immediate *Low motor paralysis* How long *24 hours.*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Spencer*  
*Bel Air*  
*Charles Co Md*

Accident or Suicide?



Name  
in  
Full

Sallie Johnson

4/8/1966

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at near Bryantown

County

Charles Lee

Date  
of death 1906

Month

April

Day

second

Age

Years

87-

Months

-

Days

-

Sex Female

Color or  
Race

Black

Birth-  
place Chas. Co

Occupation

Hom.

Where Residing if not  
at place of death

near Bryantown

Married, Single  
or Widowed

widow

Name of Wife or  
Husband

Alexander Johnson deceased

Fether's  
Name

Andrew Driver

Father's  
Birthplace

Chas. Co.

Mother's  
Maiden Name

don't know

Mother's  
Birthplace

Chas. Co.

Name of person giving  
information

Joseph Johnson her son

How related  
to deceased

her son

## CAUSES OF DEATH

Primary

Old age

How long

2

Immediate

Exhaustion

How long

from old age

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Informant

Address

Jos. Johnson son of deceased

Accident or Suicide?

Old age

Bryantown Md.

H. L. Davis —

Name  
in  
Full

Maggie Wingleton

## CERTIFICATE OF DEATH

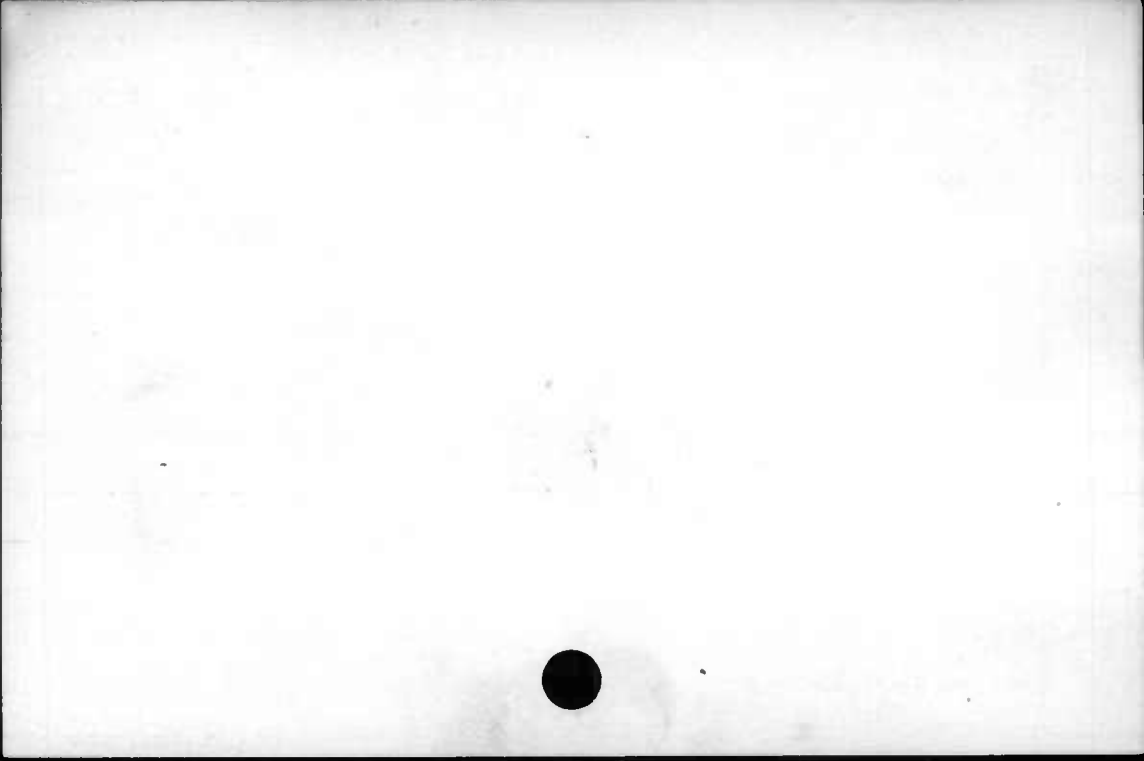
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Faekner</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Apr.</i>	Day <i>24</i>	Age <i>22</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>African</i>		Birthplace <i>Charles Co.</i>				
Occupation <i>Seamst</i>	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Frank Wingleton</i>		Father's Birthplace <i>Charles Co</i>					
Mother's Maiden Name <i>Emilie Barnum</i>		Mother's Birthplace <i>Charles Co</i>					
Name of person giving information <i>John T. Barnum</i>		How related to deceased <i>Brother in law</i>					

## CAUSES OF DEATH

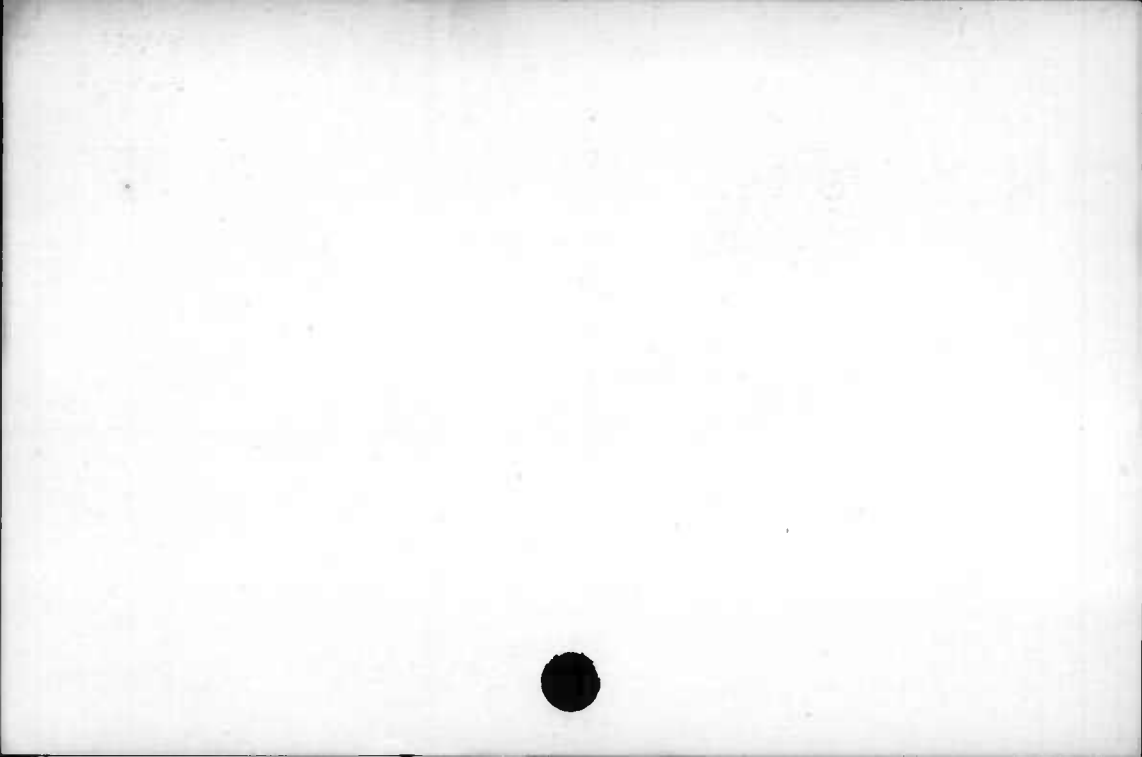
PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Toxaemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Bel Alton</i>
	<i>[Signature]</i>
Accident or Suicide?	





Name in Full		Fred Montgomery				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> near Pizgah		<sup>County</sup> Charles		MARYLAND	
		Date of death 1906		Month, april		Day 24	
		Age 33		Years		Months —	
		Sex Male		Color or Race Colloid		Birth-place Md	
		Occupation Laborer		Where Residing if not at place of death at Home			
		Married, Single or Widowed Single		Name of Wife or Husband none			
Father's Name John Montgomery		Father's Birthplace Md					
Mother's Maiden Name Mary Marbury		Mother's Birthplace Md					
Name of person giving information Gno. H Turner		How related to deceased none					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		How long			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician none in attendance			
		Address Pizgah Md					
Accident or Suicide? Sub. Reg. 2nd district							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

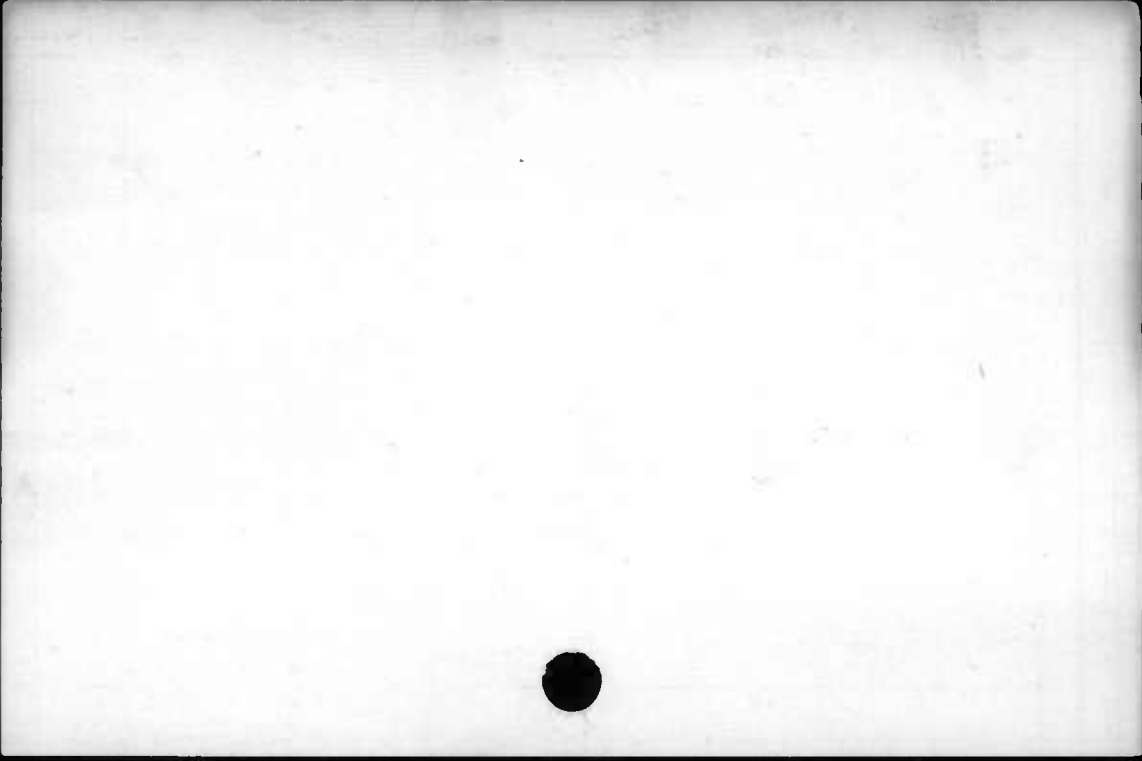
MARYLAND

Died at <i>Bel Air</i>		Town <i>Bel Air</i>		County <i>Charles</i>	
Date of death	1906	Month	Apr.	Day	8
Age	74	Years		Months	
Sex	Female	Color or Race	Caucasian	Birth-place	Charles Co
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of <del>Wife</del> or Husband	Alfred Nalley		
Father's Name	John Handall			Father's Birthplace	England
Mother's Maiden Name	Mary McCombe			Mother's Birthplace	Scotland
Name of person giving information	William Nalley			How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hemiplegia</i>	How long	<i>3 months</i>
Immediate	<i>Paral. Resp. Muscles</i>	How long	<i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. H. H.</i>
		Address	<i>Bel Air Md.</i>
Accident or Suicide?			



John Perry  
 Town County  
 Died at Pomfret Charles MARYLAND  
 Date 1906 4-14 Y. M. D. Age About 70<sup>yr</sup> Native of Char. Co. Md Occupation Plasterer  
 Male White Married Widower Divorced  
 Female Colored Single Widower Number of children living 3

Husband of Mary Swann  
 Wife  
 Father's Name Mother's Name

Cause of Death { Primary Immediate  
 Bronchitis Exhaustion & heart failure  
 How long sick 90  
 Accident, Suicide, Homicide

Reported by Dr Geo. T. Diggins  
 Address Port Tobacco Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Wm Henry Lucas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cedar Point Neck		County		Chal
			Town				MARYLAND
	Date of death	1906	Month	4	Day	1	Years
			Age		110		Months
					Days		
	Sex	Male		Color or Race	Black		Birthplace
					Chal Prince Georges		
TO BE ANSWERED BY NEAREST FRIEND	Occupation		Laborer		Where Residing if not at place of death		
	Married, Single or Widowed		Widower		Name of Wife or Husband		
			none				
	Father's Name	Lucas		Father's Birthplace	Prince Georges		
	Mother's Maiden Name	Unknown		Mother's Birthplace	" "		
	Name of person giving information	John H. Lucas		How related to deceased	Son		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	propag & Old Age				How long	all winter
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		X		Signature of Physician		
					none		
					Address		
				W F Browner			
				2nd Reg			
Accident or Suicide?							

Reported by  
W. F. Brawner  
Dist. Reg.



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Crookery

Town

County

Charles

Date

of death 1906

Month

4

Day

11

Age

Years

77

Months

9

Days

4

Sex

Male

Color or  
Race

White

Birth-  
place

Chr. Co., Ind.

Occupation

Physician

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
HusbandFather's  
Name

John W. Smart

Father's  
Birthplace

Chr. Co., Ind.

Mother's  
Maiden Name

Elizabeth E. A. Hawkins

Mother's  
Birthplace

Chr. Co., Ind.

Name of person giving  
Information

Amelia J. Smart

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Infirmities of advanced age

How long

7 weeks

Immediate

Heart complications

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

yes

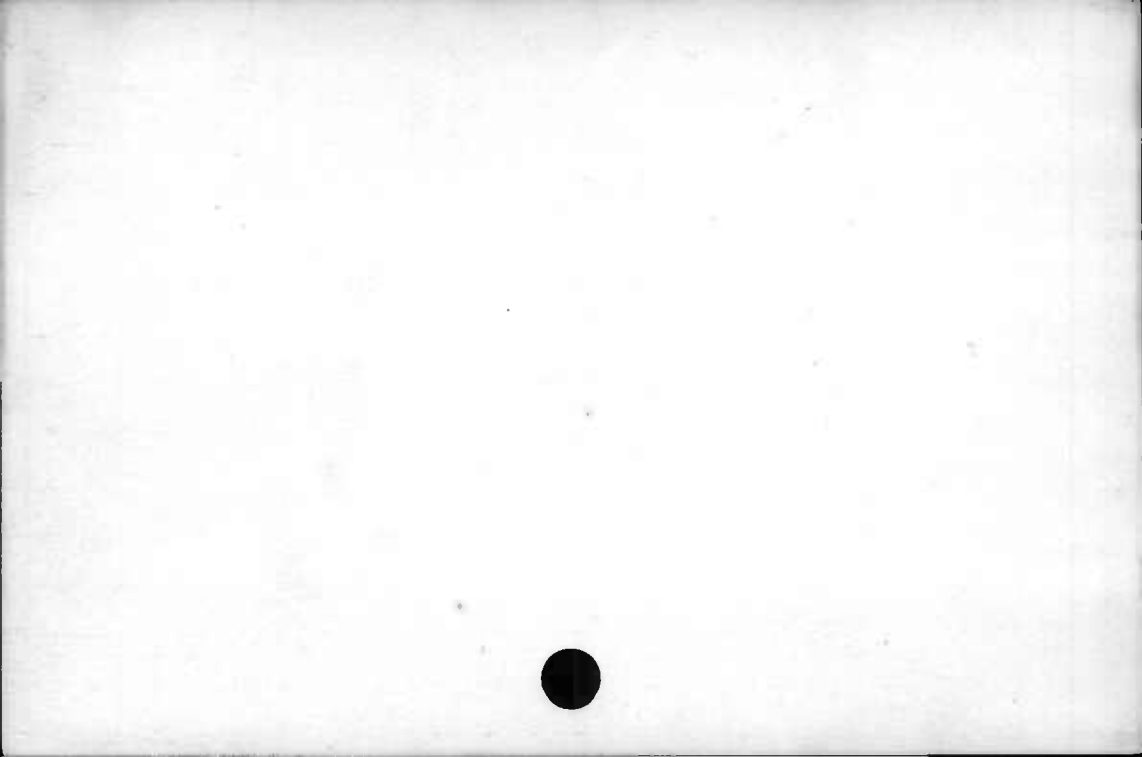
Signature of  
Physician

J. L. Higdon

Address

Mayfield  
Ind.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Hazel Edna Wheeler</i>		Town <i>Chickamuxen</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Chickamuxen</i>		Date of death <i>1906 April 15</i>		Age <i>7</i>		Months <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Charles Co Md</i>			
Occupation				Where Residing if not at place of death <i>Chickamuxen</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>J Wesley Wheeler</i>				Father's Birthplace <i>Charles Co Md</i>			
Mother's Maiden Name <i>Rosa Groves</i>				Mother's Birthplace <i>1 1 21</i>			
Name of person giving information <i>William H Wheeler</i>				How related to deceased <i>uncle</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>pneumonia</i>	How long <i>2 weeks</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*Dr Benf Smith*  
*Ironides Chas Md*  
*Per M Clements Dist Regt.*

